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ABSTRACT

This paper discusses attention deficit hyperactivity disorder (ADHD) in children under the age of five and how parents can cope with the disability. Topics include: (1) the presentation of the disability in children under five; (2) the diagnosis of the disability; (3) different approaches parents can adopt to deal with the disability; (4) discipline techniques; (5) medication options; and (6) survival tips. The paper concludes that the first step in dealing with an ADHD child is to accept the reality of the situation, then become committed to a few firm rules, then steer around the strife. The paper recommends that, "when in doubt, use an olive branch, not a stick." (CR)

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ADHD IN THE UNDER-FIVES - SURVIVAL PSYCHOLOGY
DR CHRISTOPHER GREEN

For many years this presenter has set himself up as an expert in the 'interesting' antics of the under-fives. When you ask about discipline, tantrums and living at peace with the average child, I have an arsenal of sure fire strategies.

With Attention Deficit Hyperactivity Disorder (ADHD), unfortunately the arsenal becomes somewhat empty. I find that most of the usually effective ideas fail with these young children and it is necessary to divert to the art of survival psychology.

The average child, under the age of three years, is a remarkably uncomplicated little person. Their behaviour has no malice or aggression, they have great power to stir-up their parents and don't think too deeply. At this age the executive control, housed around the frontal lobes of the brain, is extremely immature. This accounts for the unthinking behaviour of the young, which rapidly improves as they come closer to school age.

The condition called ADHD is also the result of a relative lack of executive control. In this disorder the frontal areas fail to self monitor and inhibit unwise behaviour. The average preschool child has plenty of active, unthinking behaviour, but when ADHD is also present, this produces a double dose of disinhibition.

Though most children with ADHD are first noticed in their preschool years, the majority cause few problems until they hit the demands of school. There are, however, a number of exceptionally difficult young ADHD children. Many of the parents of these preschoolers are overwhelmed. They become increasingly punitive, start to resent and cease to relate. Such are the long term implications of getting off to the wrong start, we can't afford to let this happen.

* * *

THE PRESENTATION IN THE UNDER-FIVES

It is surprising that the majority of young ADHD children in our care were unremarkable in their behaviour as babies. A number were irritable, movement-loving criers in the early months, but most infants with this pattern resolve, making it a poor predictor of ADHD. In the second six months a small number demand constant carrying, entertainment and attention. This pattern of an older infant with constant demand is strongly related to future ADHD.

Many children were said to be busy and into everything as soon as they walked. A number were absconders who defied the usual separation anxiety of this age and bolted without fear. Most had an explosive passage through the 'terrible twos'.

At age 3 years the complaints we hear include, low frustration tolerance, lack of sense, demanding, generally dissatisfied, busy, noisy, and launching unthinking attacks on other children.

These behaviours are not the sole reserve of ADHD. They do occur in other children, but with less intensity and a different response to discipline. The three problems that caused most pain to our parents were, **short fuse/lack of frustration control, immense demand/dissatisfaction** and the **unthinking attacks on other children**. This last behaviour had many of our children suspended or even expelled from day-care.

* * *

THE DIAGNOSIS

In the preschooler two problems make diagnosis difficult. Firstly, at this age there is such an extreme of behaviour which is accepted as normal, it is hard to know where the 'terrible twos' merge with ADHD. Secondly comes the problem of parental misperception.
Some of us enter parenthood on the expectation that our preschoolers will be obedient, self entertaining and behave like little adults. Sometimes at this age it is hard to determine whether a problem of ADHD is real or a

parent's misperception of a normal, high spirited youngster.

Professionals need to be cautious, many children we previously believed were parental misperception have recently returned with ADHD that we had missed.

There are good academic ways of documenting the diagnosis of ADHD, but the most reliable measure comes from the experienced eyes that see and ears that listen to what parents say. In simple terms, ADHD should be considered when a certain package of behaviours cause a child to be significantly 'out of step' with others of the same development, age and equal quality of parenting.

The diagnosis will only be considered when the out of step behaviours are causing difficulty. A child can be active, impulsive and explosive, but if everyone is happy, there is no need to consider the diagnosis. "A problem is only a problem when it causes a problem".

At this young age diagnosis also involves excluding ADHD lookalikes. We frequently see young children diagnosed as ADHD when in fact their restlessness, low frustration tolerance and lack of sense are due to intellectual disability. Of course ADHD and delayed development can coexist, but in this case the child must be 'out of step' with the extreme that is accepted at that developmental age.

It is often said that the autistic or Asperger child is indistinguishable from ADHD but these are distant, detached children, with a robotic quality to their language, which is totally different to the mischief loving interest and energy of ADHD. The most difficult children in our care are those with ADHD and a major degree of language delay-disorder.

* * *

The Parents

Parents of extremely difficult young children become "brain-dead" and bewildered. They can't understand why the behaviour techniques that work so well for their friends are so ineffective with their children. They feel criticised by onlookers, friends and family. There seem no easy answers and they wonder what happened to the joy of parenting.

With a difficult ADHD child of any age, parents seem to adopt one of three approaches.

- *They accept this temperamental difference, make allowances, relax and parent from the heart.*
- *They become overwhelmed, feel failures and lose direction.*
- *They try to drive the bad behaviour out of the child and force them to comply.*

Most parents, at some time, try the third, firm, confronting approach, but fortunately back off when it is seen to fail. Some get stuck in the middle ground, being overwhelmed and unable to move ahead. It seems that those who are successful in managing ADHD eventually find the first approach then, accept, nurture and parent from the heart.

It is said that 60% of ADHD children will become oppositional and defiant, with 20% showing the severe, almost amoral behaviours of conduct disorder. It may be a simplistic view, but I believe these co-morbidities are exacerbated, if not in part caused, by the forceful, confronting approach. When parents decide they are going to 'make' their child conform, a conflict of Bosnian proportion often results. At the end of the day the peace keepers may be in place, but hateful relationships and life long distrust remain.

* * *

Turning Around Discipline

When simple behavioural techniques are ineffective its time to re-evaluate all available methods. Parents must not expect a miracle, instead they find what techniques bring them

some success, then dump the rest. Parents find it hard to let go of usually effective methods which, in their child, are clearly not working. *"Are you telling me we should stop punishing his bad table manners?"*. "Is this working?" I respond. *"No it makes things worse"*. "Well, why do it?". *"Are you telling me to let him away with everything?"*. "No, but if its not getting you anywhere let's back off".

AS A RULE:

The best chance of success comes from anticipating problems before they hit, steering around the unimportant, clear convincing communication, diversion, time out, getting outside, putting on a favourite video, avoiding escalation and keeping young children moving.

The ways we make things worse are generally, nit picking, escalating, addressing the unimportant, confronting, debating, shouting, smacking, witholding privileges and over-use of the word "no".

Parents who do not accept the ADHD child as different, and make no special allowances, are in for trouble. Those who are hell-bent on bringing up their children with the same rigid discipline of their parent's generation are also heading for a failure.

In academic circles the thought of smacking is taboo, but in the real world it is an extremely common form of punishment. For children with an easy temperament smacking may occasionally work but there are much better forms of discipline. In the challenging child, smacking is ineffective, escalating and dangerous. Parents smack to 'make' their child conform. He defies, they smack harder - he resists, and things get out of control.

Parents who live with a demanding, difficult young child feel trapped and have no space. If putting on a favourite video gives a short period of peace, this must be encouraged, despite current criticism of child minding by television.

* * *

MEDICATION CAN BE A MIRACLE

Paediatricians and parents are uncomfortable with the use of stimulants under the age of five years. Having stated this, it is our experience over the last fifteen years that stimulants can be surprisingly safe and successful in three and four-year olds. In theory, the drug Clonidine and the tricyclic anti depressants might be considered ahead of stimulants, but in our clinic, stimulants, with their quick action and clearly documented effects, remain the first choice.

At this age introduction and adjustment should be in quarter-tablet (eg. 2.5mg Methylphenidate) increments. Medication is only trialed with informed consent and on the parent's request. We trial both stimulants, Methylphenidate and Dexamphetamine, as these two preparations are definitely not equal in effect and side effects. After an initial three-week trial no drug will be prescribed unless the parents, with feed back from the nursery school, are certain of the benefits and freedom from unwanted side effects.

Medication response is quickly coded on a four point scale. Four out of four is a miracle improvement. Three out of four is extremely good. Two out of four is good but there is room for improvement and one out of four is minimal. Most children who start on medication have a score of two and a half or above.

Some young children seem to metabolise quickly and rebound as their level drops. To combat this some are maintained on four, or occasionally five, small doses to give an even response throughout the day. A few who are extremely difficult will get their first dose the moment they wake.

During our trials of medication the most common parental complaint is of withdrawn, teary, upset behaviour, often with unexpected anger and irritability. In our experience this is more common with the drug Dexamphetamine than Methylphenidate and can usually be

eliminated by changing the preparation or lowering the dose.

Ten years ago we were reluctant to use medication in young children, but have now realised that, with drugs we can reach, and then teach. This makes our behavioural techniques much more effective. It also helps parents communicate with their children and become closer in their relationship.

* * *

SURVIVAL PSYCHOLOGY

Its not fair, it shouldn't happen, but the child is there and no one is going to miraculously change their temperament. Over the years we have moved from proposing clever behavioural programs that rarely work, to regroup and promote the art of "survival psychology".

The first step is to accept the reality of the situation, then become committed to a few firm rules, then steer around the strife. If lengthy time in the supermarket is a nightmare, avoid this, use late night shopping or bundle the child in the trolley and use the 'smash and grab' approach. If gatherings with friends and family cause embarrassment, drop in for a high quality half hour and leave before the bomb blows. If travel is a torment, stay near home. If the child is a runner, fortify the compound. If ornaments get broken, lock them away. If the video is being reprogrammed, put it in a playpen.

Its not the way it should be, but it is easier to spend time playing with the child than getting nothing done as you squabble and resent. They enjoy getting out, but don't let two hours of fun in the park be destroyed by an argument on the way home. We are not looking for conflict, our aim is peaceful coexistence and a child who is still close to their parents at the age of eighteen. The general rule for all our ADHD children is, ***when in doubt use an olive branch not a stick***.

* * *

THE END RESULT

Children who present with extreme ADHD behaviour at preschool age will probably continue to be a challenge for many years. We can't wait until the age of six to take this seriously, if we don't get it right at the start, relationships can become permanently derailed.

Recently I worked with an explosive ADHD three-year old and his defeated mum. I asked if his behaviour was as difficult for everyone, to which she replied, *"Even our German Shepherd guard dog is frightened of him!"*. With redirecting the discipline, survival psychology and a successful trial of medication she returned for review. When asked the question "What's different?" she was quite clear, *"Now I love him"*.

* * *

Christopher Green is a Consultant Paediatrician, Head of the Child Development Unit of the Royal Alexandra Hospital for Children, Sydney Australia. He is a Clinical Lecturer at the University of Sydney.

Further Reading:

Toddler Taming The guide to your child from one to four. Dr Christopher Green 1990. Published Australia - Doubleday, UK - Random House, USA - Ballantine NY.

Understanding ADD Dr Christopher Green & Dr Kit Chee 1994. Published Australia - Doubleday, UK - Random House.